Substitute for form 1449/PTO				Complete if Known		
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STATEMENT BY APPLICANT			ANT	First Named Inventor	Shi, Huazhong	
	(Use as many sheets as necessary)			Art Unit	1638	
(				Examiner Name	Bui, Phuong T.	
Sheet	1	of	1	Attorney Docket Number	02307O-127310US	

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Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
IIIIIII	140.	Number Kind Code <sup>2 (Finows)</sup>	WWW-00-1111	Apprount of Orest Document	Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document		Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		or Relevant Figures Appear	T'

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No.1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the litem (bool magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	
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Examiner Signature	/Phuong Bui/	Date Considered	05/13/2009	1

EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with nost communication to applicant.

\*Applicant's unique caltaino designation number (polina). \*Applicant is unique caltaino designation is attached.